

Specific Information by Chemical  
Revised April 2000

<b>Facility Identification</b> UBI/DOR#: <u>578-033-053</u> Name <u>Alaskan Copper Works</u> Address <u>3200 6th Avenue South</u> City <u>Seattle</u> County <u>King</u> State <u>WA</u> Zip <u>98134</u> Latitude _____ Longitude _____ SIC Code <u>3498</u> Dun Bradstreet No. <u>00-925-5571</u>	<b>Main Contact</b> Name <u>James Brown</u> Email _____ Phone (206) <u>623-5800</u> Fax (206) <u>382-6590</u>
<b>Owner/</b> Name <u>Bill Rosen</u> <b>Operator</b> Street <u>P.O. Box 3546</u> City <u>Seattle</u> State <u>WA</u> Zip <u>98124</u> Phone (206) <u>623-5800</u>	<b>Mailing Address</b> <i>Must be included if different from Facility Address</i> Address <u>P.O. Box 3546</u> City <u>Seattle</u> State <u>WA</u> Zip <u>98124</u>
<b>Emergency Contact</b> Name <u>James Brown</u> Title <u>Operations Manager</u> Phone (206) <u>623-5800</u> Ext. _____ 24-hr. Phone (206) <u>399-3003</u> Ext. _____ Name _____ Title _____ Phone ( ) _____ Ext. _____ 24-hr. Phone ( ) _____ Ext. _____	

**Important: Read all instructions before completing form.**

**Reporting Period: From January 1 to December 31, 2001**

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	INVENTORY	Storage Codes Container Type Pressure Temperature	Storage Locations <i>(Non-Confidential)</i> <i>Only 105 characters available including word spaces (Please Print)</i>
CAS <u>007697 - 37</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid - 10%</u> EHS Name _____ Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Max. Daily Amount (code) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> No. of Days On-site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>3200 - 6th Ave South - Northeast Corner of main shop</u> _____ _____ _____ _____
CAS <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. of Days On-site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____
CAS <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. of Days On-site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____

**Certification (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru 1, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James Brown  
Name and official title of owner/operator's authorized representative

*James Brown*  
Signature

February 26, 2002  
Date Signed

**OPTIONAL ATTACHMENTS**

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures